



# Motor Vehicle Inspection Log

## City of New Orleans - Department of Safety & Permits

Rev 11/16/16

|               |                 |             |
|---------------|-----------------|-------------|
| Station Name: | Inspector Name: | Decal Type: |
|---------------|-----------------|-------------|

|   |  |  |                         |                                     |  |   |
|---|--|--|-------------------------|-------------------------------------|--|---|
| <b>Decal Type:</b>                          | <b>P1</b> Passenger (< 6,001 lbs) - 1 year | <b>P2</b> Passenger (< 6,001 lbs) - 2 year | <b>Rejection Codes:</b> | <b>1 -</b> Tires, wheels, rims      | <b>2 -</b> Body, fenders, bumpers                      | <b>7 -</b> No Insurance/ expired registration |
| Price paid is based on gross vehicle weight | <b>MW</b> Medium Weight (6,001-10,000 lbs) | <b>MC</b> Motorcycle or Trailer            |                         | <b>3 -</b> Brakes (foot or parking) | <b>4 -</b> Lights, light covers                        |   |
|   | <b>HW</b> Heavy Weight (>10,001 lbs)       | <b>GV</b> Government                       |                         | <b>5 -</b> Other                    | <b>6 -</b> Glass, tint, driver's window lift mechanism |   |

**ALL INSPECTIONS AND DECAL SERIAL NUMBERS MUST BE RECORDED ON THIS LOG. MUST BE COMPLETELY LEGIBLE AND WRITTEN IN INK**

| Inspection Date | Vehicle Make | Vehicle Model | Vehicle Year | License Plate Number (or last six digits of VIN, if temp plate) | Driver's License # (with state) | Previous Decal or Rejection/Temp # (NP/NR/NT for new registration or no tag) | Previous Decal Expiration (or reg/acq date) | New Decal or Rejection/Temp Serial Number | Rejection Code(s) | Late Fee | Applicant Signature<br>I currently have and will maintain liability insurance as required by law. False delcaration may result in a 6-month suspension of driving privildges. |
|-----------------|--------------|---------------|--------------|---|---------------------------------|--|---|---|-------------------|----------|---|
| 1               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 2               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 3               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 4               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 5               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 6               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 7               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 8               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 9               |              |               |              |   |                                 |  |   |   |                   |          |   |
| 10              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 11              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 12              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 13              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 14              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 15              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 16              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 17              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 18              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 19              |              |               |              |   |                                 |  |   |   |                   |          |   |
| 20              |              |               |              |   |                                 |  |   |   |                   |          |   |

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Station Operator/Manager Signature: | Total Late Fees Collected: \$ _____ |
|-------------------------------------|-------------------------------------|